

# MULTIPLE OCCUPANCY DOCUMENTATION FOR CHILD CARE CENTERS

## State of Michigan - Licensing and Regulatory Affairs - Child Care Licensing Bureau

722.118e Licensure and notification requirements for child care centers within a multiple occupancy building; rescission of R 400.8560.

(1) Within 90 days after the effective date of this section, a child care center that is currently licensed and located in a multiple occupancy building shall, in a form and manner as prescribed by the department, notify the department if there has been any change in occupancy or use by occupants within the building since its license was issued. Beginning 90 days after the effective date of this section, the department shall require each applicant seeking licensure as a child care center within a multiple occupancy building to clearly state on the application that it will be located within a multiple occupancy building and describe the nature and character of each of the other occupants and the occupant use within that multiple occupancy building.

(h) Require the licensee to notify the department within 90 days of a change of occupants or occupant use within that building.

**Is the center located in a building with multiple occupants/business/offices? If no, this form does not need to be completed. Examples of a business, office, or commercial venture include but are not limited to: Retail Business, Taverns, Law Offices, Apartment Complexes, and Food Establishments.**

<b>License Number</b>	<b>Facility Name</b>
<b>Number of Building Occupants</b>	<b>Facility Address</b>
<b>Is this a new license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this a renewal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If this is not a new license, check one:</b> <input type="checkbox"/> Renewal with no changes in occupancy. <input type="checkbox"/> Renewal with changes in occupancy. <input type="checkbox"/> Not a renewal, but changes of occupancy.

**Complete this section for each occupant/business in your building. If more space is needed, please attach additional copies of this form.**

<b>Location (Suite Number, Etc.)</b>	<b>Name of Business/Occupant</b>
<b>Is this a new occupant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business (Retail Store, Café, Office Space, Etc.)</b>
<b>Location (Suite Number, Etc.)</b>	<b>Name of Business/Occupant</b>
<b>Is this a new occupant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business (Retail Store, Café, Office Space, Etc.)</b>
<b>Location (Suite Number, Etc.)</b>	<b>Name of Business/Occupant</b>
<b>Is this a new occupant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business (Retail Store, Café, Office Space, Etc.)</b>
<b>Location (Suite Number, Etc.)</b>	<b>Name of Business/Occupant</b>
<b>Is this a new occupant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business (Retail Store, Café, Office Space, Etc.)</b>
<b>Location (Suite Number, Etc.)</b>	<b>Name of Business/Occupant</b>
<b>Is this a new occupant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business (Retail Store, Café, Office Space, Etc.)</b>

<b>Licensee Designee's Name</b>	<b>Licensee Designee's Signature</b>	<b>Date</b>
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